Improving Advance Care Planning Throughout a Safety-Net Health Care System

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Purpose

To standardize work of timely documentation of Advance Care Planning (ACP) to better align medical care provided with the patient's and family's goals and wishes.

Introduction

Denver Health and Hospital Authority is a Level One Trauma facility located in the heart of Denver which serves a diverse patient population, many of which are chronically ill.

Timely and effective ACP lessens the burden of urgent, complex, and emotional medical decision-making during advancing illness for patients, families, care teams, and the larger organization. Inadequate communication around ACP has the potential to increase wasteful, painful, and unwanted medical interventions.

Background

A review of inpatient and clinic based ACP process demonstrated widespread inconsistencies in documentation of ACP in the electronic health record (EHR), resulting in poor communication of important ACP actions across health care settings. These included inconsistencies in EHR placement and style of documentation of changes in resuscitation status and surrogate decision-maker status. No adequate performance metrics or institutional goals were identified to measure institutional performance in ACP.

Methods

A3/Lean methodology reviewed the current state of and barriers to timely ACP communication and documentation throughout this safety-net health care system, including its Level One Trauma Center.

A root cause analysis identified major contributing factors to inadequate ACP:

1. Documentation/Implementation Process.
2. Education/Communication Process.
3. Organizational Culture.
4. Community and Patient Culture.

A more clearly defined target state was identified that included:

1. Updated ACP Policies and Procedures.
2. Creating standard work to guide ACP process.
3. Clear and consistent ACP roles and responsibilities for care providers across multiple settings of care.
4. A strategic approach to measure goals and metrics for ACP processes.

Pilot sites for advance care planning improvement activities included the MICU, and multiple outpatient clinics (Geriatric, Intensive Outpatient, Palliative Care, and community based primary care clinics).

Methods

Focus was placed on three improvement activities:

1. Establish a process to review and report on metrics for ACP Benchmarks.
2. Build engagement and support for timely, effective, and complete ACP documentation.
3. Establish a screening protocol for at-risk populations and create standard of work for ACP activities and documentation.

Results

The ACP policy and procedure has been updated to better outline and encourage proper ACP activities.

Features within the electronic medical record (EMR) were improved including simplifying access to a blank documentation tool, and the Primary Surgical Intensive Care Unit ACP Documentation tool was modified and made available to all providers throughout the healthcare system.

Recurring provider ACP education has resulted in increased awareness and timely completion of ACP in hospital and clinic settings, and resulted in standardized and more consistent of ACP documentation in the EMR.

Reliable EMR standardized reports for rates and adequacy of ACP documentation will be launched across multiple settings of care and linked with metrics and goals.

An ACP special interest group is working to identify patients at greatest need for ACP conversations, and the executive hospital staff has been engaged.

Conclusion

Lack of proper communication around ACP has the potential to increase wasteful and unwanted medical interventions for patients.

Educating staff and creating standard work around ACP processes has increased provider participation in the efforts to centralize all ACP documentation.

Maintaining staff buy-in requires consistent oversight.

Changing culture in multiple health care settings is difficult and absolutely necessary to align medical care to the wishes of our patient population.

Limitations

Limited staff available to provide ACP education to all pilot sites.

Minimal knowledge around report building through EPIC.

Maintaining buy-in and engagement of staff.

Additional work of completing a separate ACP note.

Health literacy of patient population.

Difficulty implementing a single tool to identify "high risk patients" that can be used in all care settings.

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